

Taxpayer Identification Number Request

State of Indiana

W-9

DO NOT send to IRS

Print or Type		Return to address below
Legal Name (OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SSN RECORDS) DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE		
Trade Name Complete only if doing business as (D/B/A)		
Remit Address		
Purchase Order Address- Optional		
Check legal entity type and enter 9 digit taxpayer Identification Number (TIN) below: (SSN = Social Security Number, EIN = Employer Identification Number)	SSN or EIN must be for legal name above.	
<input type="checkbox"/> Individual (Individual's SSN) _____		
<input type="checkbox"/> Sole Proprietorship (Owner's SSN or Business EIN) SSN _____ EIN _____		
<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited (Partnership's EIN) _____		
<input type="checkbox"/> Estate / Trust (Legal Entity's EIN) _____ Note: Show the name and number of the legal trust, or estate, not personal representatives.		
<input type="checkbox"/> Other (Limited Liability Company, Joint Venture, Club, etc) (Entity's EIN) _____		
<input type="checkbox"/> Corporation Do you provide legal or medical services? <input type="checkbox"/> Yes <input type="checkbox"/> no (Corp's EIN) _____		
<input type="checkbox"/> Government (or Government operated entity) (Entity's EIN) _____		
<input type="checkbox"/> Organization Exempt from Tax under Section 501(a) (Org's EIN) _____ Do you provide medical services? <input type="checkbox"/> Yes <input type="checkbox"/> no		
<input type="checkbox"/> Check here if you do not have a SSN or EIN but have applied for one.		

Under penalties of perjury, I certify that:

(1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND

(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, and acquisition or abandonment of secured property, contribution to an individual retirement arrangement (IRA), and payments other than interest and dividends.)

CERTIFICATION INSTRUCTIONS -You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

**THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

I am a U.S. person (including a U.S. resident alien).

NAME (Print or Type)	TITLE
AUTHORIZED SIGNATURE	DATE PHONE
Agency	Agency use only 1099 <input type="checkbox"/> Yes <input type="checkbox"/> No
	Approved by:

☐ Add Deposit ☐ Change Deposit ☐ Stop Deposit

State Form 47551 (2/96)

Approved by State Board of Accounts 09/1997



## STATE OF INDIANA AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

### Instructions:

1. Requestor will complete first section and have their bank/credit union complete Section 2.
2. The bank/credit union will complete Section 2 and return to the requestor.
3. Requestor will file completed form with Auditor of State, 200 West Washington St., Room 240, Indianapolis, IN 46204-2728
4. Requestor and depository should retain a copy. Additional blank copies are available from Auditor of State. Phone: (317) 232-3300

### SECTION 1: REQUEST AND AUTHORIZATION

\_\_\_\_\_  
Vendor / Claimant as shown on the account

\_\_\_\_\_  
Federal I.D. Number / Social Security Number

\_\_\_\_\_  
Address (Number and Street, and/or P.O. Box No.)

\_\_\_\_\_  
City, State, and Zip Code (00000-0000)

requests, pursuant to IC 4-8.1-2-7(d), to receive payment(s) by means of an electronic transfer of funds, and authorizes the same under the terms stated herein.

It is understood by the undersigned Vendor/Claimant that, if approved, the Auditor of State may authorize the Treasurer of State to: (1) initiate credit (deposits) in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking (*demand*) or savings account designated in the depository named below, and, (2) *if necessary*, to initiate debit entries or adjustments **solely to correct any credit error resulting from a deposit/credit entry that was made under this authorization**. The Vendor/Claimant may revoke or cancel this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior. **Any change** to the account or to a new financial institution will require a **new** State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.

Name of Depository: \_\_\_\_\_

Type of Account: ☐ Checking (*Demand*) ☐ Savings

Depository Account Number: \_\_\_\_\_

\_\_\_\_\_, 19\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vendor / Claimant

### SECTION 2: DEPOSITORY'S APPROVAL

The above is satisfactory and the undersigned designated depository agrees to accept such automated deposits.

Name of Depository: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street, and/or P.O. Box No.) (City, State, and Zip Code (00000-0000))

\_\_\_\_\_, 19\_\_\_\_\_  
Date

\_\_\_\_\_  
Depository's Authorized Signature

\_\_\_\_\_  
ABA Transit-Routing Number

\_\_\_\_\_  
Title